

**Proposed Substitute  
Bill No. 24**

LCO No. 6995

**AN ACT REQUIRING THE PROVISION OF CERTAIN INFORMATION  
CONCERNING HEALTH INSURANCE POLICY BENEFITS AND  
REQUIRING THE INSURANCE COMMISSIONER TO EVALUATE  
INSURERS' COMPLIANCE WITH THE AFFORDABLE CARE ACT.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1       Section 1. (NEW) (*Effective January 1, 2016*) (a) Each insurer, health  
2       care center, hospital service corporation, medical service corporation,  
3       fraternal benefit society or other entity that delivers, issues for  
4       delivery, renews, amends or continues a health insurance policy  
5       providing coverage of the type specified in subdivisions (1), (2), (4),  
6       (11) and (12) of section 38a-469 of the general statutes delivered, issued  
7       for delivery, renewed, amended or continued in this state, shall:

8       (1) Make available to consumers, in an easily readable and  
9       understandable format, the following information for each such policy:  
10      (A) Any coverage exclusions; (B) any restrictions on the use or quantity  
11      of a covered benefit, including on prescription drugs or drugs  
12      administered in a physician's office or a clinic; (C) a specific  
13      description of how prescription drugs are included or excluded from  
14      any applicable deductible, including a description of other out-of-  
15      pocket expenses that apply to such drugs; and (D) the specific dollar  
16      amount of any copayment and the percentage of any coinsurance  
17      imposed on each covered benefit, including each covered prescription

18 drug;

19 (2) Make available to consumers a way to determine accurately (A)  
20 whether a specific prescription drug is available under such policy's  
21 drug formulary; (B) the coinsurance, copayment, deductible or other  
22 out-of-pocket expense applicable to such drug; (C) whether such drug  
23 is covered when dispensed by a physician or a clinic; (D) whether such  
24 drug requires preauthorization or the use of step therapy; (E) whether  
25 specific types of health care specialists are in-network; and (F) whether  
26 a specific health care provider or hospital is in-network.

27 (b) (1) Each insurer, health care center, hospital service corporation,  
28 medical service corporation, fraternal benefit society or other entity  
29 shall make the information required under subsection (a) of this  
30 section available to consumers at the time of enrollment and shall post  
31 such information on its Internet web site.

32 (2) The Connecticut Health Insurance Exchange, established  
33 pursuant to section 38a-1081 of the general statutes, shall post links on  
34 its Internet web site to such information for each qualified health plan  
35 that is offered or sold through the exchange.

36 (c) The Insurance Commissioner shall post links on its Internet web  
37 site to any on-line tools or calculators to help consumers compare and  
38 evaluate health insurance policies and plans.

39 Sec. 2. Section 38a-591 of the general statutes is repealed and the  
40 following is substituted in lieu thereof (*Effective January 1, 2016*):

41 (a) For purposes of this section, "Affordable Care Act" means the  
42 Patient Protection and Affordable Care Act, P.L. 111-148, as amended  
43 from time to time, and regulations adopted thereunder.

44 (b) Each insurance company, fraternal benefit society, hospital  
45 service corporation, medical service corporation and health care center  
46 licensed to do business in the state shall comply with Sections 1251,  
47 1252 and 1304 of the Affordable Care Act and the following Sections of  
48 the Public Health Service Act, as amended by the Affordable Care Act:

49 (1) 2701 to 2709, inclusive, 42 USC 300gg et seq.; (2) 2711 to 2719A,  
50 inclusive, 42 USC 300gg-11 et seq.; and (3) 2794, 42 USC 300gg-94.

51 (c) This section shall apply, on and after the effective dates specified  
52 in the Affordable Care Act, to insurance companies, fraternal benefit  
53 societies, hospital service corporations, medical service corporations  
54 and health care centers licensed to do business in the state.

55 (d) No provision of the general statutes concerning a requirement of  
56 the Affordable Care Act shall be construed to supersede a provision of  
57 the general statutes that provides greater protection to an insured,  
58 except to the extent the latter prevents the application of a requirement  
59 of the Affordable Care Act.

60 (e) (1) The Insurance Commissioner, within available  
61 appropriations, shall evaluate whether insurance companies, fraternal  
62 benefit societies, hospital service corporations, medical service  
63 corporations and health care centers subject to the Affordable Care Act  
64 are in compliance with the requirements under said act, including, but  
65 not limited to, the prohibition against discriminatory benefit designs.  
66 Any such company, society, corporation or center shall submit to the  
67 commissioner, upon request, the following information for a specific  
68 health insurance policy or plan: (A) The benefits covered under each of  
69 the categories of the essential health benefits package, as defined by  
70 the Secretary of Health and Human Services; (B) any coverage  
71 exclusions or restrictions on covered benefits, including under the  
72 prescription drug benefit; (C) any drug formulary used, the tier  
73 structure of such formulary and a list of each prescription drug on  
74 such formulary and its tier placement; (D) any applicable coinsurance,  
75 copayment, deductible or other out-of-pocket expenses for each  
76 covered benefit; and (E) any other information the commissioner  
77 deems necessary to evaluate such company, society, corporation or  
78 center.

79 (2) The commissioner shall report annually to the joint standing  
80 committee of the General Assembly having cognizance of matters  
81 relating to insurance on any insurance company, fraternal benefit

82 society, hospital service corporation, medical service corporation or  
83 health care center evaluated pursuant to subdivision (1) of this section  
84 in the preceding year and the findings of such evaluation.

85 [(e)] (f) The Insurance Commissioner may adopt regulations, in  
86 accordance with the provisions of chapter 54, to implement the  
87 provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2016</i>	New section
Sec. 2	<i>January 1, 2016</i>	38a-591